

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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50					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* IND.		* DEP.		* IND.		* DEP.	
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TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS